2017 NOMINATION FORM HISTORY TEACHER OF THE YEAR AWARD (To be completed by the nominator)

Name of Teacher being nominated: Position of nominee:		Total years teach	ing:
School:	Telephone:		
	E-Mail	E-Mail:	
Address:Street/Apt.	~		
Street/Apt. Number of years teaching history:	City	State Grade(s):	Zip
Why are you nominating this person excellence as a history teacher.			
What has the nominee contributed tin history education that warrants page if necessary.)			
Name of nominator: School/facility where employed:	Pos	ition:	
Address: Street/Apt. Telephone: E-Mail:	City	State	Zip
Nominator's signature:		Date:	

LETTERS OF SUPPORT

Please attach no more than four letters of support from persons who can provide factual evidence of the nominee's teaching ability. It is suggested that you request letters of support from a number of individuals, including colleagues, current or former students, parents of students, supervisors/administrators, and others from the educational community who can give evidence of successful classroom practices.

Please return nomination form by **February 27, 2017** to: South Dakota State Historical Society, Governor's Award for History Teacher, 900 Governors Drive, Pierre, SD 57501-2217. Upon receipt of the nomination, the teacher, if they accept the nomination, will be sent an award application to fill out and return to the Society by **March 23, 2017**. If you have any questions, please contact Jeff Mammenga, Awards Coordinator, at (605) 773-6000 or Jeff.Mammenga@state.sd.us